**Micronutrient deficiency among women and children**

58. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal to establish a Public-Private-Civic partnership with a time bound programme to tackle the micronutrient deficiencies among the women and children;

(b) if so, the details thereof;

(c) the time by which the said proposal is likely to be implemented by Government; and

(d) the details of the programmes undertaken in Andhra Pradesh?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Although the issue of micronutrient deficiencies is being addressed through various public interventions, there is no proposal at present to establish a public-private-civic partnership in this regard.

(d) The State Government of Andhra Pradesh is implementing the Reproductive and Child Health Programme, an integral part of National Rural Health Mission for prevention and control of iron deficiency anaemia in pregnant and lactating women and children, as well as Vitamin A deficiency in Children upto 3 years. National Iodine Deficiency Disease Control Programme (NIDDCP) is being implemented in the entire State for prevention and control of Iodine Deficiency Disorders in the entire population including women and children.

**Micronutrient Deficiency**

59. SHRIMATI N.P. DURGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that according to a report on controlling vitamins and mineral deficiencies in India by Micronutrient Initiative, less than Rs. 5 per child every year is sufficient to tackle the problem of micronutrients;

(b) whether it is also a fact that the Report has recommended for establishing public-private-civic partnership with a time-bound 5 year plan; and

(c) if so, what Government are thinking of doing in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Micronutrient Initiative, a Canada-based international not-for-profit organization, has estimated that the additional cost for alleviating micronutrient malnutrition as Rupees five per person only which is over and above the funds already spent on this item, including infrastructure.

(b) The report does recommend public private partnership with a time bound plan for alleviating micronutrient malnutrition.

(c) Government of India have recently launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care including services for Immunization and Safe Motherhood. The Mission seeks to provide effective health care to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. It also seeks to facilitate convergence of health programmes and determinants including nutrition, drinking water and sanitation.

**Compensation for Malaria and Cholera patients**

†60. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether persistence of diseases such as cholera and malaria show failure of the public health care system and lack of official readiness in preventing these diseases;

(b) whether compensation would be given to the patients suffering from cholera and malaria; and

(c) if so, the remedial measures that are proposed to be taken by Government to save people from these deadly diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Diseases like cholera and malaria are linked to maintenance of environmental hygiene, sanitation, consumption of safe and good drinking water. Health is primarily a state subject and provision of medical relief for diseases like cholera, malaria etc. through primary and community health centres is looked after by the State-Governments. The preventive

†Original notice of the question was received in Hindi.